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Facsimile Transmittal

DATE: August 4, 2004

TO: USPTO

ATTN: EXAMINER Unknown

RE: Serial No. 10/805,157

FAX : 703-872-9306

FROM: Kyong H. Macek, Reg. No. 42,977

Number of Pages Sent: 16 (including this transmittal cover sheet)

ATTACHED HERETO IS AN AMENDMENT IN (13)PAGES; A ONE PAGE TRANSMITTAL. PLEASE CALL ME IF YOU HAVE ANY QUESTIONS.

I hereby certify that this correspondence is being sent VIA FACSIMILE to the Commissioner of Patents at fax number (703) 872-9306. Attention Office of Amendments, on:

August 4, 2004(Date of Deposit)

Ann Andrews

(Name of the Person Making the Deposit)

(Signature)

AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Customer No.: 23696
Attorney Docket No.: 030389
In Re Application of: Abrol et al.
Serial Number: 10/805,157
Filed: March 19, 2004
Examiner: Unknown
Group Art Unit: Unknown

Dear Sir:

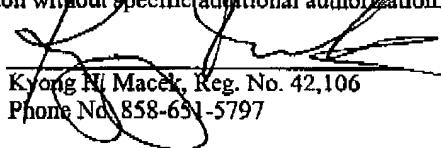
Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	39	34	5	x \$18 =	\$90
Independent**	10	6	4	x \$86 =	\$344
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$290	\$
EXTENSION FEES		<input type="checkbox"/> One Month		\$110	\$
		<input type="checkbox"/> Two Months		\$420	\$
		<input type="checkbox"/> Three Months		\$950	\$
TERMINAL DISCLAIMER				\$110	\$
				TOTAL FEE	\$434

*If the number in column a is less than 20, enter 0 in column c.
**If the number in column a is less than 3, enter 0 in column c.

4. Fee check in the amount of \$ _____ is enclosed to pay for any claim and/or extension fees.
5. Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$344. The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: August 4, 2004

Signature: Kyong Ni Macek, Reg. No. 42,106
Phone No. 858-631-5797

QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
Facsimile: (858) 658-2502

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

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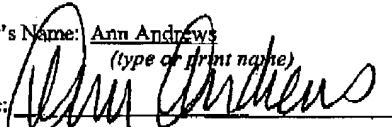
deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: Ann Andrews
(type or print name)

Date: August 4, 2004

FACSIMILE

transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: Ann Andrews
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(TRANSAMD.VER1.13-04/30/04)